

ROOMMATE MATCHING 2008-09

Name (Please Print) _____ Social Security Number _____

Home Address (City/State/Zip) _____

Gender Male Female Nickname _____ Birth Date _____ Age _____

Home Phone # _____ Cell Phone # _____ Major Field of Study _____

Class Year as of Fall Semester: 1st Year 2nd Year 3rd Year 4th Year 5th Year

SPECIFIC ROOMMATE Roommate requests may only be considered if both students have completed the housing process by August 1. Roommates are then placed together only if both parties mutually request each other and as space permits.

I would like to request a specific roommate. Name _____

Residence Hall Preferences: 1st _____ 2nd _____ 3rd _____

To assist us in assigning you to a room and roommate(s), it is important that you respond to the following questions completely and honestly:

SINGLE ROOMS Super/Single rooms house one student in a room designed for two students. These rooms are assigned on a space available basis and are occupied by upper-class students. First year students do not qualify for single rooms. There is an additional cost per semester for Super/Single (\$1,700) rooms. • I would like to request a Single Room Yes No • If unavailable, add to waiting list? Yes No

MUSIC The kind of music I listen to is: (check all the apply) Hard Rock Jazz Country Soft Rock Rap
 Progressive Pop Alternative Reggae Other (specify) _____

It is important to me to live with someone who likes the same type of music as myself Yes No

SLEEPING • I like to get up early, before 8am Yes No • I like to go to sleep before 11pm Yes No
• I need it totally dark to sleep Yes No • I sleep with music/TV on Yes No

SMOKING The Residence Halls at Centenary College are smoke-free. If you choose to smoke you must go outside the building to do so.
• I smoke Yes No • I want to be placed with a non-smoking roommate Yes No

STUDYING • I like to study early in the evening, before 10pm Yes No • I can study with music playing/TV on Yes No

EXTRA-CURRICULAR ACTIVITIES in which you have participated (leadership roles, recreational league sports, community band, service organizations and special projects, etc.) _____

LIST MEDICAL CONCERNS that the Residential Life staff should be aware of _____

FOR OFFICE USE ONLY	Room Assignment _____	Room # _____	Hall _____
	Date Received _____	Date Process Completed _____	Contract Signed _____



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